

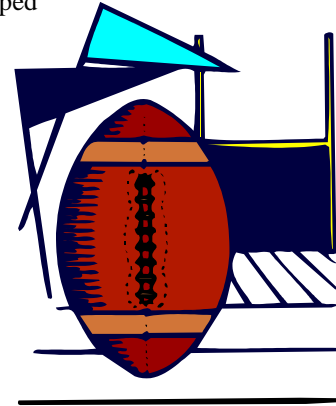
Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



2005 "All City" Youth Flag Football K/1st & 2nd/3rd Grade Girls & Boys

Each player is guaranteed to play half of the game. Tempe Parks and Recreation has developed the flag football program around a philosophy of participation, skill development, good sportsmanship, friendly competition and a series of fun experiences. Games will be played at the Tempe Sports Complex. Fee: \$40 (includes team shirt)



- **Play:** Monday or Wednesday; Sept. 19-Nov. 16
6:15 or 7:15 PM. Meet once per week (includes practice and game).
- **League Categories**
KG & 1st grades will play on Monday Evenings
2nd & 3rd grades will play on Wednesday Evenings
- **Registration --** Deadline: September 13
 - Mail-In or Drop off completed Registration Form to the address above.
 - On-Line through our web site at <http://www.tempe.gov/pkrec>.
 - Fax: 480-350-5278

- **Class Code:** Grades K-1 FLAG1D
Grades 2-3 FLAG2D

Fee Assistance Available

2005 "All City" Youth Flag Football Registration Form

Fall 2005

Participant Name: _____ Date of Birth _____ Grade _____ School _____
Address: _____ APT # _____ City _____ Zip _____
Phone: Eve _____ Day _____ Additional _____ Additional _____

Parents' Names: _____

Circle One: FLAG1D FLAG2D

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature AND Printed Name

Date

Fee: \$40 Credit Card Number _____ -- -- -- Exp. Date: _____

Enclosed Check # _____ OR Signature Authorizing Charge _____

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